

# ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☒ Ms.

☐ yes ☒ no

☐ Mr. Artist

HASMAN, JOANNE

(Last Name Last)

Permanent

Address 6520 Anderson, Clevel.

Street

City

44131

Zip

Tel. 616

Area Code

524-6144

Temporary or

Studio Address

204 West 8, 25 Cinti

Street

City

45202

Zip

Tel. 513

Area Code

421-1766

If you do not presently live in one of the counties of the Western Reserve, which county were you born in?

Cuy.

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

SAFE

enclosed

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

J Hasman

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 13, 1979.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Joanne Hasman

# ENTRY BLANKS

1

- ☒ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Materials

*mixed media collage*

Title

*My Musette*

Price or NFS

*1200.00*

Insurance Value  
if NFS Only

Size

*36" x 48"*

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

*no*

Total No. in Edition

Price  
Unframed

Price of  
Frame

ACCEPTED



DO NOT WRITE IN THIS SECTION

*140 (1)*

REJECTED

ACCEPTED



REJECTED

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Materials

Title

Price or NFS

Insurance Value  
If NFS Only

Size

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale

Total No. in Edition

Price  
Unframed

Price of  
Frame

ACCEPTED

DO NOT WRITE IN  
THIS SECTION

ACCEPTED

RECEIVED

REJECTED

REJECTED

DATE

*WUC 4/2*  
*3/7*

DO NOT DETACH

1979 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106

**Dates for Pick-up of Objects**

Rejected Objects: April 2 through 7

Accepted Objects: May 21 through 26

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip

DO NOT DETACH



NOTIFICATION CARD #2

1

- ☒ 1. Paintings    ☐ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☐ 5. Electric    ☐ 6. Crafts

Title

my Musette

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

140 (1)



2

- ☐ 1. Paintings    ☐ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☐ 5. Electric    ☐ 6. Crafts

Title

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

This is your only receipt to claim your object(s).

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.